

IT-540 **2005** **LOUISIANA**
or Fiscal Year **Resident**
Individual Income Tax Return
Mail to: Department of Revenue
PO BOX XXXX
BATON ROUGE LA
70821-XXXX

Leave this area blank
DRAFT 12/01/05

- Attach W-2 here
- ☐ If your name has changed, mark here.
- ☐ If your address has changed, mark here.
- ☐ If this is an amended return, mark here.
- ☐ If this is for decedent, mark here.

SSNTPAYER SSNSPOUSE TELEPHONEX
TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SPOUSENAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COLINEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITYSTZIPXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Filing status (Enter appropriate number in the filing status box). ☐ Exemptions

1 Single 6A Yourself ☒ 6C Total dependents

2 Married filing jointly 65 or over ☐ 6D Total exemptions

3 Married filing separately Blind ☐ Dependent's Name(s):

4 Head of household * 6B Spouse ☐

5 Qualifying widow(er) 65 or over ☐

* Dependent Name Blind ☐

Calendar year returns due 5/15/2006

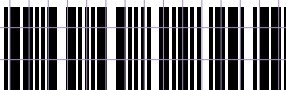
Please do not staple use paperclip instead. Do not submit a photocopy.

| | | | |
|-------|-------|-------|-------|
| TPSSN | LN15G | E4D1 | F7 |
| SPSSN | LN15H | E4D2 | F8 |
| DEVID | OVERP | E4E | F9TOT |
| TAXPD | LN17A | E4F | SCHH1 |
| FORMN | LN17B | E4G | SCHH2 |
| PTIN | LN17C | E4H | SCHH3 |
| Line7 | CREDT | E4I | SCHH4 |
| Line8 | LN18 | E4J | SCHH5 |
| Line9 | REFUD | E4K | SCHH6 |
| LATAX | OWED | E4L | SCHH7 |
| LN11 | LN21 | E5TOT | SCHG1 |
| LN11A | LN22 | SCHD1 | G2D |
| LN11B | LN23 | D2 | G2E |
| LN11C | LN24 | D3 | G3A |
| LN11D | LN25 | D4 | G3B |
| LN12 | PAY | D5 | G4A |
| LN13 | SCHE1 | D6TOT | G4B |
| LN14 | E2 | SCHF1 | G5251 |
| LN15A | E2A | F2 | G6 |
| LN15B | E3 | F3 | G7 |
| LN15C | E4A | F4 | G8 |
| LN15D | E4B | F5 | G9 |
| LN15E | E4C | F6 | 10 |
| LN15F | | | 11TOT |

7 Federal AGI 15H Total Payments 17D Credit to 2006 20 Amount Owed
10 LA Income Tax 16 Overpayment 19 Refund 26 Balance Due

I declare that I have examined this return and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. If I made a contribution to the START Savings Program, I consent that my SSN may be given to the Louisiana Office of Student Financial Assistance in order to properly identify the START Savings Program Account Holder. If married filing joint, both SSN's may be submitted.

Date Taxpayer Date Spouse



Date Paid preparer
SSN Telephone

5

6647

2005 Resident Schedules

Print your Social
Security Number here.

Name(s) as shown on Form IT-540

If used, must be submitted.

Adjustments to Income - Schedule E

| | | |
|---|---|-----|
| 1 | Federal adjusted gross income | 1 |
| 2 | Interest income and dividends from other states and their political subdivisions | 2 |
| | 2A Recapture of START Contributions | 2A |
| 3 | Total - Add Lines 1, 2 and 2A | 3 |
| 4 | Nontaxable income | |
| | 4A Interest and dividends on U.S. government obligations | 4A |
| | 4B Louisiana State Employees' Retirement benefits .. | 4B |
| | (Date retired) | |
| | 4C Louisiana State Teachers' Retirement benefits .. | 4C |
| | (Date retired) | |
| | 4D1 Federal retirement benefits | 4D1 |
| | (Date retired) | |
| | 4D2 Other retirement benefits | 4D2 |
| | (Date retired) | |
| | Show the name of the retirement system whose benefits you are receiving that are specifically exempt from Louisiana income tax. | |
| | _____ | |
| | 4E Annual retirement income exemption for Taxpayers 65 or over | 4E |
| | Enter name of pension or annuity. | |
| | _____ | |
| | 4F Taxable amount of Social Security benefits | 4F |
| | 4G Native American income | 4G |
| | 4H Other: List the source and amount of | 4H |
| | other income that Louisiana cannot tax. Do not list active federal or military income or income earned in another state. | |
| | _____ | |
| | 4I START Savings Program | 4I |
| | 4J Total - Add Lines 4A through 4I | 4J |
| | 4K Federal tax applicable to exempt income | 4K |
| | 4L Nontaxable income - Subtract 4K from 4J | 4L |
| 5 | Louisiana adjusted gross income - Subtract 4L from Line 3 | 5 |

Donation Schedule - Schedule D

| | | |
|---|--|---|
| 1 | Wildlife Habitat and Natural Heritage Fund | 1 |
| 2 | LA. Cancer Trust Fund-Prostate Cancer | 2 |
| 3 | LA. Animal Welfare Commission | 3 |
| 4 | LA. Housing Trust Fund | 4 |
| 5 | Community based primary health care fund | 5 |
| 6 | Total Donations Add Lines 1 through 5 | 6 |

Refundable Tax Credits - Schedule F

| | | |
|---|---|---|
| 1 | Inventory Tax Credit | 1 |
| 2 | Ad Valorem tax credit on Natural Gas facilities and services | 2 |
| 3 | Ad Valorem tax credit for Offshore Vessels | 3 |
| 4 | Sound recording investment tax credit | 4 |
| 5 | Credit for property taxes paid by telephone companies | 5 |

| | | |
|---|--|---|
| 6 | Prison Industry enhancement program credit | 6 |
| 7 | Urban Revitalization | 7 |
| 8 | Other refundable credits | 8 |
| 9 | Total - Add Lines 1 through 8 | 9 |

Modified Federal Income Tax Information - Schedule H-NR

| | | |
|---|--|---|
| 1 | Enter the amount from Line 2A from the Federal Income Tax Deduction Computation Worksheet. | 1 |
| 2 | Enter the amount from Line 2B from the Federal Income Tax Deduction Computation Worksheet. | 2 |
| 3 | Enter the amount from Line 5A from the Federal Income Tax Deduction Computation Worksheet. | 3 |
| 4 | Enter the amount from Line 7A from the Federal Income Tax Deduction Computation Worksheet. | 4 |
| 5 | Enter the amount from Line 8A from the Federal Income Tax Deduction Computation Worksheet. | 5 |
| 6 | Enter the amount from Line 9A from the Federal Income Tax Deduction Computation Worksheet. | 6 |
| 7 | Enter the amount from Line 11 from the Federal Income Tax Deduction Computation Worksheet. | 7 |

Nonrefundable Tax Credits - Schedule G

| | | |
|---|--|----|
| 1 | Credit for taxes paid to other states | 1 |
| 2 | Credit for certain disabilities. Mark an "X" in the appropriate box(es). Only one credit is allowed per person. | |
| | 2A Yourself | 2A |
| | 2B Spouse | 2B |
| | 2C Dependent's name(s) | 2C |
| | | |
| | 2D Enter total number of qualifying individuals. | 2D |
| | Only one credit is allowed per person. | |
| | 2E Multiply Line 2D by \$100, enter results here. | 2E |
| 3 | Credit for contributions to educational institutions | |
| | 3A Enter the value of computer equipment donated. Attach Form R-3400. | 3A |
| | 3B Multiply Line 3A by 40% (.40), enter results here | 3B |
| 4 | Certain federal credit | |
| | 4A See instructions. | 4A |
| | 4B Multiply Line 4A by 10% (.10). Enter the result or \$25, whichever is less. This line is limited to \$25. | 4B |

Other Nonrefundable Credits - Schedule G - Enter credit description and associated code, along with dollar amount of credit claimed.

| Credit Description | | |
|--------------------|--|----|
| 5 | Motion Picture Investments 251 | 5 |
| 6 | | 6 |
| 7 | | 7 |
| 8 | | 8 |
| 9 | | 9 |
| 10 | | 10 |
| 11 | Total Non Refundable Credits - Add Lines 1, 2E, 3B,4B, and 5 through 10. | 11 |



For further information about these credits, please see instructions beginning on page 22.

| Description | Code | Description | Code | Description | Code | Description | Code |
|---------------------------|------|--------------------------|------|------------------------------|------|------------------------------|------|
| Premium Tax | 100 | Qualified Playgrounds | 150 | New Markets | 214 | Motion Picture Resident | 256 |
| Commercial fishing | 105 | Debt Insurance | 155 | Brownsfield Investor | 216 | Capital Company | 257 |
| Family Responsibility | 110 | Atchafalaya Trace | 200 | Dedicated Rearch | 220 | Biomed/University Research | 300 |
| Doctor/Dentist | 115 | Organ Donation | 202 | CDFI Credit | 222 | Tax Equalization | 305 |
| Bone Marrow | 120 | Household Expense | 204 | Motion Picture Investment | 251 | Manufacturing Establishments | 310 |
| Law Enforcement Ed. | 125 | Vehicle Alternative Fuel | 206 | Research and Developmen | 252 | Enterprise Zone | 315 |
| First Time Drug Offenders | 130 | Previously | 208 | Historic Structures | 253 | Quality Jobs | 320 |
| Bulletproof Vest | 135 | Recycling Credit | 210 | Digital Interactive Media | 254 | Other | 500 |
| Nonviolent Offenders | 140 | Basic Skills Training | 212 | Technology Commercialization | 255 | | |